

A qualitative study on the effect of lymphatic filariasis on women: experiences, needs and implications for lymphedema management programs

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Propositions related to the thesis:

A qualitative study on the effect of lymphatic filariasis on women:

Experiences, needs and implications for lymphedema management programs

1. Lymphatic filariasis is a neglected tropical disease affecting mostly people that live in poverty.
2. Affiliation with others and seeking of social contact during stress is an adaptive response which is often different for women than for men.
3. Women with filarial lymphedema, in resource poor-settings, experience psychological distress that can render them socially isolated and less able to cope with the adverse consequences of the disease. (This dissertation)
4. The lived experience of women with filarial lymphedema in resource-poor settings while influenced by gender and social norms unique to their culture is experienced similarly across cultures. (This dissertation)
5. Lymphedema-related stigma, fitting with the concepts of enacted, perceived, and internalized stigma, transcends cultural practices and beliefs. (This dissertation)
6. Severity of disease does not guarantee an equally corresponding decrease in quality of life among all women with lymphedema in resource-poor settings. (This dissertation)
7. Lymphedema self-management programs, to be effective, must include a mental health component to mediate stigma and negative psychological effects of disease. (This dissertation)
8. Filarial lymphedema is not inherently stressful but depends on the appraisal of the condition as a loss, threatening, harmful or challenging situation relative to ones available resources.
9. The Transactional Model of Stress is an appropriate framework for understanding the varied stress experiences and coping mechanisms of women living with filarial lymphedema in resource-poor settings.
10. The effectiveness of self-management programs for women with filarial lymphedema is largely dependent upon the extent to which they are supported by gender-tailored clinic, community, and home-based interventions and national policies.

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